STATE OF NEVADA
DIVISION OF WATER RESOURCES
WELL DRILLER'S REPORT

OFFICE USE ONLY
Log No. 122129
Permit No.
Basin No. [redacted] 053

PRINT OR TYPE IN BLACK INK ONLY
DO NOT WRITE ON BACK

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

NOTICE OF INTENT NO. 72583
WELL NAME *(if applicable)*: JDMW-1

1. OWNER/CLIENT NAME BARRICK CORTEZ
MAILING ADDRESS HC66 P.O.BOX 1250 CRESCENT VALLEY, NV 89821

DETAILED ADDRESS AT WELL LOCATION 40 MILES SOUTH OF CARLIN, NV
Subdivision Name: N/A *County:* EUREKA

2. PLS LOCATION SW¼ SW ¼ 30 Sec 26 N/S 51 E
PERMIT/WAIVER NO. SM/01969 *Issued by Water Resources* *Current Parcel No.*

Latitude _____ UTM E _____ ☒ NAD 27
Longitude _____ UTM N _____ ☐ NAD 83/WGS 84

3. WORKED PERFORMED
☒ New Well ☐ Deepen: Orig WL# _____
☐ Replacement: Original well log # _____
☐ Recondition: Original well log # _____

4. PROPOSED USE
☐ Domestic ☐ Irrigation ☒ Monitor
☐ Mining / Dewater ☐ Com / Ind ☐ Stock
☐ Test / Other ☐ Mun / QM ☐ Rec

5. WELL TYPE
☐ Auger ☐ Rotary ☐ RVC
☐ Air ☐ Mud ☒ Sonic
☐ Other

6. LITHOLOGIC LOG

Material Encountered	Lost Circ.	Water Strata	From	To	Thickness
ALLUVIAL MATERIAL			0	35	35
SILTY SANDS WITH					
GRAVEL + CLAY					
NAD 27					
40.101880°N					
116.273482°W					

Date started: 1/30, 20 15
Date completed: 1/30, 20 15

9. WELL CONSTRUCTION
Depth Drilled: Feet 35 Depth Cased: 35 Feet

HOLE DIAMETER (BIT SIZE)

		From		To	
8½	Inches	0	Feet	35	Feet
	Inches		Feet		Feet
	Inches		Feet		Feet

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
4"		SCH 80	0	15

PERFORATIONS:
Type of perforation: FACTORY CUT
Size of perforation: .010
From 15 Feet To 35 Feet
From _____ Feet To _____ Feet
From _____ Feet To _____ Feet

ANNULAR MATERIALS

☐ Sanitary Seal		to		
☒ Neat Cement	0	to 9 FT	☒ Pumped	☐ Poured
☐ Cement Grout		to	☐ Pumped	☐ Poured
☐ Concrete Grout		to	☐ Pumped	☐ Poured
☒ Bentonite Chips	9 FT	to 13 FT	☐ Pumped	☒ Poured
☐ Bentonite Grout		to	☐ Pumped	☐ Poured
☐ 15 % ☐ 20 % ☐ Other, explain:				
☐ Gravel Pack [> 0.2 in.]		to	☐ Pumped	☐ Poured
☒ Sand Pack [~~> 0.2 in.~~]	13	to 35	☐ Pumped	☒ Poured
☐ Other, explain:		to	☐ Pumped	☐ Poured

7. WATER QUALITIES
Static water level: 19.7 Feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: _____ ° Fahrenheit
Water Quality: _____

8. WELL TEST DATA
Test Method: ☐ Bailer ☐ Pump ☐ Air Lift

G.P.M.	Draw Down (Feet Below Static)	Recorded Time (Hours)

10. DRILLER'S CERTIFICATION
This well was drilled under my supervision. This report is true to the best of my knowledge.
Name BOBBY LONGREAR *Contractor*
Address 605 UNION PAC FICWAY ELKO, NV 89801 *Contractor*

Nevada contractor's license number as issued by the *State Contractor's Board:* 0021976
Nevada well driller's license number as issued by the *Nevada Division of Water Resources (on-site driller):* 2270-m

Signed: _____ *By driller performing actual drilling on site or contractor*
Date: 2-5-15

(Rev. 08-12)

USE ADDITIONAL SHEETS IF NECESSARY